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PROFESSOR BACHE'S  
VALEDICTORY ADDRESS

TO THE

GRADUATES

OF

JEFFERSON MEDICAL COLLEGE,

DELIVERED MARCH 15, 1859.

Published by the Graduating Class.



With a List of the Graduates.

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VALEDICTORY ADDRESS  
TO THE  
GRADUATES  
OF  
JEFFERSON MEDICAL COLLEGE  
OF  
PHILADELPHIA.

DELIVERED AT THE  
Public Commencement, held March 15, 1859.


BY  
FRANKLIN BACHE, M.D.,  
PROFESSOR OF CHEMISTRY.

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PUBLISHED BY THE GRADUATING CLASS.

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PHILADELPHIA:  
JOSEPH M. WILSON, No. 111 SOUTH TENTH STREET.  
1859.



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## CORRESPONDENCE.

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JEFFERSON MEDICAL COLLEGE,  
PHILADELPHIA, *March 10, 1859.*

PROFESSOR FRANKLIN BACHE,

SIR: We the undersigned, a special committee in behalf of the Graduating Class of the Jefferson Medical College, most respectfully solicit a copy of your Address for publication.

Trusting you will accede to our request, we remain

Yours, very respectfully,

JOHN D. SPICER, N. C., *President.*

D. B. BENSON, Va., *Secretary.*

F. J. GREGORY, Va.

A. N. THOMAS, Miss.

J. S. GLENN, Ala.

WALTER WALKER, N. Y.

D. R. MURPHY, Ky.

G. G. CRAWFORD, Ga.

FRED. B. FLORE, Mo.

WM. C. BROWN, Ark.

J. D. NEAL, S. C.

W. H. MATLACK, Pa.

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*March 10, 1859.*

GENTLEMEN:

I cheerfully comply with the request, contained in your note of this date, to publish my Valedictory Address to the Graduating Class of this season, and place the manuscript at your disposal.

I am, Gentlemen,

Very respectfully, your friend,

FRANKLIN BACHE.

To Messrs. JOHN D. SPICER, D. B. BENSON, and others, Committee of the Graduating Class of Jefferson Medical College.

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## VALEDICTORY ADDRESS.

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GENTLEMEN, GRADUATES OF  
JEFFERSON MEDICAL COLLEGE:

THE grateful duty has been devolved on me to address you on this interesting occasion. This day you have received those honors which you have so long and so ardently coveted; and their bestowal has been witnessed by this brilliant assembly, who have honored you with their presence, and cheered you with their sympathy. The public is little aware of the labors, mental and physical, which medical students undergo, when preparing themselves for the highest honors of their profession. The attendance on many lectures, each day, for nearly five months, requires a persistent mental effort; but, in addition to this, many students persevere in their studies, deep into the still hours of the night, reviewing what they have heard during the day.

Soon, gentlemen, you will separate, and begin your professional labors. Need I tell you how important it is for you to begin well. As a general rule, professional advancement is slow, and the interval between graduation and getting into practice, is a period of considerable danger. This interval should be profitably employed; for bear in mind, gentlemen, there is no standing still in the medical profession. If you do not advance in professional knowledge, you necessarily fall behind. Your means of advancement are by observation, reading and reflection. You avail yourselves by observation of your own experience; by reading, of the experience of others; and by reflection you are enabled to combine the knowledge, acquired by observation and reading, to follow out new trains of thought, and to grasp the subject of disease, and the laws which govern it, by broader and more comprehensive generalizations. Your reflections, in their turn, will bear upon your observation and reading, and direct them into particular channels. Books



will constitute your chief instruments of improvement, and should be selected with care. The nucleus of your libraries should consist of medical dictionaries and cyclopedias, and other comprehensive works, intended for consultation rather than regular perusal. Around this nucleus you should gradually collect medical monographs, each of which should be carefully perused, before you place it on your shelves. In the selection of these you will find it most useful to be guided by your conscious deficiencies, when treating particular diseases that arise in your practice. Reading thus with a definite object, will be more profitable than reading for general improvement merely. The plan, here laid down, for gradually collecting a library, is better than that, pursued by some, of purchasing a large library at once, with the attendant risk of injudicious selection, and, by its size, of discouraging rather than promoting a taste for reading. In forming a library, I must not omit to mention that you should take several medical periodicals, to keep you level with the improvements of the day, and to make you acquainted with the character of the new medical works, which are constantly issuing from the press.

Allow me, gentlemen, to recommend to you to take notes of your medical cases, when you become practitioners. To do so will form a wholesome discipline, and improve you in the practice of your art. In these notes you should record, among other things, the coincident circumstances of disease which seem to call for the use of particular remedies, the modes of practice which you have found most successful, and the causes which have led to your mistakes and failures. By pursuing this course of recording your medical experience from day to day, you will find, after the lapse of years, that you have accumulated a mass of useful medical facts and precepts.

All physicians should reflect on their cases, in the interval between their medical visits; and, other things being equal, those practitioners will be most successful, who are most conscientious in the discharge of this duty. When a practitioner has several dangerous cases under his care, he is oppressed by the weight of his responsibility. Alas! how little do our patients heed this truth; measuring our services, as they often do, by the time consumed in our visits; forgetting that we still work for them, and suffer for them, in the interval. Too frequently, indeed, we are treated with ingratitude; and, when the time comes for our patient to make a pecuniary acknowledgment, he does it with so bad a grace, that the

shake of his head seems to say, "It is hard enough to be sick, without having to pay for it."

After settling as practitioners, you should join the medical bodies of the place of your abode. The best organization for the concentrated action of the profession consists of county medical societies, of State societies, formed of delegates from the county societies, and of a national association, formed of delegates from the medical bodies of each State. This system of organization has been adopted by the profession, but, as yet, is only imperfectly carried out in some of the States. It should be your care, each in his proper sphere, to extend and perfect it. You should join the county societies, established in the places where you reside, and co-operate in giving efficiency to the State societies; and, where county and State societies do not exist, you should lose no time in establishing them. The interests of the profession, both local and general, demand this course from you; and your labors in this behalf will inure to your own ultimate benefit. These local organizations tend to regulate professional intercourse, to prevent disputes, to settle them amicably when they unfortunately occur, and generally to promote harmony and good feeling.

The treatise on medical ethics of the National Medical Association forms an admirable code, defining our duties to one another, our duties to our patients and theirs to us, and, finally, our obligations to the community in which we live, to guard their health, to warn them of the approach of disease, and to indicate the necessary means for securing safety.

Discountenance, gentlemen, by every means in your power, all exclusive medical dogmas, claiming to be part of legitimate medicine. The advocates of these dogmas are sometimes sincere, but generally they are conscious of their worthlessness, adopting them from knavish policy. Whether sincere or not, you are to hold no professional intercourse with them; for to consult with them would be an improper concession to ignorance and imposture, and an unjustifiable sacrifice of the interest of your patient. In counsel there is safety; but, to secure this safety, the counsellors must stand on the same platform of principles, or else their consultation would be a mere mockery, and a scandalous imposition on those who seek their aid.

I need not caution you against those other quacks who make no pretensions to medical science, but sell their nostrums, with unblinking effrontery, to all who are willing to buy them. It is

ignorance on the part of the community that makes the quacks; not the quacks the ignorance by which they live. Hence, to eradicate quackery, physicians should enlighten the masses as to the more obvious principles of physiology and pathology, or the laws of the human organization in health and disease. By taking this course, the demand for quacks would be lessened or destroyed, and, consequently, the supply. Unfortunately, the profession has stood too much on its dignity. It has too frequently made a mystery of medical science, and the appliances of our art. If we would oftener condescend to make explanations to our patients or their friends; if we would encourage the teaching of the elements of physiology in our schools, and of kindred subjects, by popular lectures, to adults, we might hope to dispel some of the ignorance which forms the sole sustenance of quackery. It is, indeed, true that the ignorance of the present day is not quite so great as it was centuries ago; yet the ignorant of modern times are much more readily reached by the forgeries and false statements of empirics, disseminated over the land by the subsidized newspaper press. In times past the weapon that inflicted a wound was dressed with a healing ointment, as well as the wound itself; and the rusty nail that pierced the foot was greased and hung up the chimney, to ward off an attack of lockjaw. At present, the royal touch is no longer believed in as a cure for scrofula, and the natural bone-setter is almost an extinct animal. Still, quackery is rife to an alarming degree, and is patronized by the rich as well as the poor; and, in our day, its mischiefs are far more diffused than they were in the olden time, owing to the specious disguises it puts on, and by reason of the activity of the press. The cause of this enormous evil, we repeat, is ignorance in the masses, whether they live in fine houses or in hovels, and the remedy is to enlighten them.

When you become practitioners, you should keep steadily in mind the precious interests that will be confided to your care. You are sent out from this school, after due preparation, to devote your lives to the prevention and cure of disease, and the alleviation of mental and bodily suffering. In an especial manner the uprightness of your professional conduct will depend upon the due influence of that inward monitor, wisely implanted in us by the Creator, to enable us to distinguish between right and wrong, and not upon the fear of public censure, which seldom can reach you. In not a few cases the sins of omission and commission of physicians are known only to themselves, and are punished in this world by the

stings of conscience alone. As our profession is a benevolent one, and not a trade, you should feel it as especially incumbent on you to be kind and attentive to the poor. This is not only your duty, but your interest also; for some of them, even the humblest, may have it in their power, in after years, to contribute to your professional advancement.

You, gentlemen, and your fellow graduates of this year, wherever they may receive their honors, are destined to become the private preceptors of those that shall come after you. In view of the advantages you have enjoyed in acquiring a medical education, advantages far exceeding those possessed by your teachers, you are bound by every consideration of gratitude and professional pride, to make the aids and appliances of study of your own pupils, greater than those which you yourselves have enjoyed. As private preceptors, it will be your duty to decline all applicants to be received as pupils, whose preliminary education will not justify them to engage in the study of medicine. A young man who wishes to study medicine, generally applies to a physician in his neighborhood to take him as a private pupil. Now, the physician applied to is placed in circumstances favorable for gaining a knowledge of the antecedents of the young man; and it becomes his duty to make himself acquainted with the grade of scholastic acquirement possessed by the applicant, in order to determine whether this is sufficient to fit him for entering upon the study of a learned profession. If the physician applied to should find the education of the young man inadequate, he should decline to take him as a pupil. This course implies no real hardship, and inflicts no injustice; for, if the applicant possesses sufficient talent and zeal, he will make haste to supply the deficiencies of his early education, and in due time renew his application. If private preceptors could be made sensible of the truth of these views, and would act in conformity with them, an evil of not unfrequent occurrence would be prevented, which is not easily corrected during the period of medical pupilage. On several occasions our national medical Congresses have thrown the chief blame of the improper admission into the ranks of our profession, of persons deficient in scholastic training, upon the medical schools. Nothing could be more unjust; for no reasonable man would contend that the professors of the medical schools should institute an inquisition into the scholarship of their medical candidates, after they have been under private tuition for, perhaps, one or two years before presenting themselves as public

students at the medical schools. This inquisition properly belongs to the private preceptors, whose duty it should be to decide whether the applicant is prepared by his education for entering upon the study of medicine at all. If this duty is neglected by the private preceptors, and a young man, deficient in early training is allowed to enter their offices, and to continue his studies until he repairs to a medical school, all that the professors can be expected to do at his final examination, is to see that his medical information is sufficient to fit him for commencing the practical duties of his profession. So far from the professors of our schools deserving blame in this matter of deficient early education, the responsibility must rest exclusively on private preceptors. Let the medical practitioners, throughout the country, do their duty in this particular, and an evil will be remedied which is not easily corrected in its progress.

I have spoken of the code of medical ethics, by which our conduct is to be regulated, and which lays down, with admirable clearness, and in classical language, our duties to the public, to our professional brethren, and to our patients. The relations in which we stand to the sick are peculiarly responsible and delicate. We often become the intimate friend of the families in which we attend, and are consulted not only in sickness, but in family troubles, when important secrets are necessarily confided to our honor. The physician, thus trusted, should be so sure of his prudence, as to be able to say with the prince of poets—

“The secrets of nature have not more gift in taciturnity.”

The time allotted to an address like this, will not permit me to speak of the lights and shades which contribute to make up the life-picture of a medical practitioner. He necessarily becomes familiar with disease and pain, and his mission is to remove or relieve these by a conscientious discharge of his duty. He witnesses many mournful scenes, when his efforts to arrest disease are fruitless. Still, there is a bright side to the picture. In many cases his professional efforts are crowned with success. Under the blessing of Providence, his attention and skill may have saved an important life, the life of one who is the idol of his family, the beloved of the social circle, the revered of the nation as a patriot and sage. In a case like this, how ecstatic must be the joy of the medical practitioner! Does not a triumph of professional skill like this compensate the physician for days, nay months, of toil and crushing anxiety?

Gentlemen, it only remains for me to say the parting word ; that word, so hard to pronounce. Your professors share your satisfaction on this auspicious occasion, which finishes your medical pupilage, and crowns your labors with well-merited honors. Yet, is there not an ingredient of sadness in the cup of joy ? It is true that this day you have realized your fondest hopes ; it is also true that your hearts are even now swelling with the anticipated pleasure of returning to your widely-scattered homes, where affectionate relatives are waiting to embrace you ; still, you cannot forget that you must take leave of your teachers, who have met you for so many months, day after day, to lead you along the paths of science, and who have felt that, during your absence from home, they have stood towards you in the place of your parents. With regard to many of you, we shall never meet again. Still, your professors, on that account, will not cease to feel an interest in you. Their ardent wishes for your health and happiness will follow you wherever you may go. You, in return, will always, I am sure, feel an affectionate interest in your alma mater, and cherish her fair fame, as you would guard your own honor.

It only remains for me, gentlemen, to bid you farewell, and, in behalf of myself and colleagues, to invoke the blessing of Heaven on your future career !



# GRADUATES

OF

## JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

MARCH, 1859.

At a Public Commencement, held on the 15th of March, 1859, the degree of DOCTOR OF MEDICINE was conferred on the following gentlemen by the Hon. EDWARD KING, LL. D., President of the Institution; after which, a Valedictory Address to the Graduates was delivered by Prof. BACHE.

NAME.	STATE OR COUNTRY.	SUBJECT OF THESIS.
Adams, Martin	Ohio.	Animal Heat.
Alexander, Eli M.	Mississippi.	Cholera Infantum.
Alexander, Samuel Lewis	Pennsylvania.	Drunkenness.
Almond, Andrew J. (M. D.)	Virginia.	Physiology of Digestion.
Anderson, Edwin P.	Tennessee.	Miasmata.
Anderson, Peter E.	Virginia.	Phthisis.
Bankhead, Robert A.	Mississippi.	{ Epidemic Colo-rectitis in Mississippi in 1857.
Barr, James M. (M. D.)	Virginia.	Asthma.
Baskin, Robert H.	Georgia.	Anatomy of the Eye.
Beadles, Percival	Virginia.	Pneumonia Typhoides.
Beman, Edward D.	Georgia.	Epilepsy.
Benson, Douglas B.	Virginia.	{ Concussion and Compression of the Brain.
Bibb, Alexander L.	Missouri.	Congestive Fever.
Bivins, Robert T.	Georgia.	Variola.
Blackwell, Thomas J.	North Carolina.	Puerperal Fever.
Blanton, William H.	Kentucky.	Gonorrhoea.
Bledsoe, Francis M.	Alabama.	The Tongue as a Symptom of Disease.
Blick, Joseph A.	Virginia.	Gonorrhoea.
Boggs, Charles D.	Virginia.	Epidemic Dysentery.
Boon, William C.	Missouri.	Heterologous Formations.
Bowers, Thomas C.	Canada West.	Inflammation.
Brewer, William T.	North Carolina.	Acute Inflammation.
Brinton, J. Bernard	Pennsylvania.	Aneurism.
Brown, Thomas H. B.	Virginia.	Diarrhoea.
Brown, W. C.	Arkansas.	Bilious Remittent Fever.
Brumby, G. McDuffie	Mississippi.	Inflammation.
Butler, Oliver H.	New York	Phthisis Pulmonalis.
Campbell, William	Pennsylvania.	Treatment of Scarlet Fever.
Canfield, Augustus R.	Mississippi.	Fractures.
Carn, Lewis M.	Florida.	Pneumonia.
Caruthers, C. Kotzebue (M. D.)	Tennessee.	Pathology of Glycosuria.
Caswell, Edward T.	Rhode Island.	Urology.
Cauthorne, A. Hart	Virginia.	Circulation.
Cawood, J. C.	Tennessee.	Epidemic Typhoid Fever.
Chandler, Isaac L. (M. D.)	Georgia.	Dysentery.
Cheney, W. D.	Georgia.	Pneumonia.
Clements, William M.	Tennessee.	Dysentery.
Coard, William H.	Virginia.	Variola.
Comfort, Jonathan J. (M. D.)	Michigan.	Dislocation of the Hip-joint.
Cooper, Edward S.	Indiana.	Erysipelas.
Corbin, Philip S. P.	Virginia.	The Liver and Peyer's Glands.
Cotten, James F.	Georgia.	Pneumonia in Cobb County, Georgia.
Cox, George W.	Virginia.	Gonorrhoea.
Crawe, J. Mortimer	New York.	Dysentery.
Crawford, George G.	Georgia.	Dyspepsia.
Crawford, James J.	Virginia.	The Three Periods in Woman's Life.
Crews, O. L.	Alabama.	Alcohol.
Crigler, John L.	Mississippi.	Yellow Fever.
Cunningham, H. Clay (M. D.)	Kentucky.	Hysteria.
Davis, James F.	South Carolina.	The Cutis and its Functions.
Dean, James, Jr.	Georgia.	Bilious Remittent Fever.
Delosch, A. B.	Mississippi.	Aneurism.
Dickson, John H.	South Carolina.	Inflammation.
Dorset, Thomas B., Jr.	Virginia.	Rheumatism.
Drennen, Horatio	South Carolina.	Puerperal Convulsions.
Dunglison, Thomas R.	Pennsylvania.	Rigor Mortis.



NAME.	STATE OR COUNTRY.	SUBJECT OF THESIS.
Dysart, Benjamin G.	Missouri.	Retroversion of the Uterus.
Dysart, William P.	Missouri.	Sanstroke.
Eads, Darwin D.	Kentucky.	Vital Phases.
Eckert, John N. (M. D.)	Pennsylvania.	Phthisis Pulmonalis.
Edmunds, Nicholas C.	Virginia.	Intermittent Fever.
Elder, William T.	Virginia.	Hæmaturia.
Fitzpatrick, William J.	Alabama.	Bilious Remittent Fever.
Flagg, Samuel D., Jr.	New York.	Abscesses of the Abdominal Viscera.
Flore, Frederick B.	Mississippi.	Remittent Fever.
Flowers, John	Pennsylvania.	Organized Products of Disease.
Foley, Thomas W.	Louisiana.	Inflammation.
Foot, Frederick	Virginia.	Rheumatism.
Foot, George C.	Pennsylvania.	Healthy Human Urine.
Frame, Robert	Delaware.	Etiology of Puerperal Peritonitis.
Francis, G. M.	Texas.	Pneumonia.
Fulmore, Zachariah R.	South Carolina.	Icterus.
Fulton, James	Pennsylvania.	Puerperal Peritonitis.
Fussell, Benjamin L.	Pennsylvania.	Puerperal Peritonitis.
Gee, Edward C.	Virginia.	Dysentery.
Gilkey, John H.	North Carolina.	Dysentery.
Glass, W. L.	North Carolina.	Dyspepsia.
Glenn, James Mallory	Georgia.	Female Pelvis.
Glenn, James S.	Alabama.	Varicocele.
Glover, Charles P.	Tennessee.	Circulation of the Blood.
Goodwin, Thomas W.	Mississippi.	Remittent Fever.
Gordan, William H.	Pennsylvania.	{ Iron, chemically and therapeutically considered.
Grafton, Joseph D.	Arkansas.	Cirrhosis.
Graham, Joseph	North Carolina.	Acute Meningitis.
Greene, Marshall L.	Michigan.	Quinæ Sulphas.
Gregory, Alfred B.	Georgia.	Intermittent Fever.
Gregory, Flavius J.	Virginia.	Mammary Abscess.
Gregory, Junius C.	Virginia.	Intermittent Fever.
Griffin, George G.	Georgia.	Hernia.
Grim, George W.	Pennsylvania.	Scutellaria Laterifolia.
Grooms, Stephen H.	Kentucky.	Scarlet Fever.
Gunn, Silas R.	Mississippi.	Duties of a Physician.
Gunn, William R.	Mississippi.	Femoral Hernia.
Hall, Joseph U.	California.	Climatology and Diseases of California.
Happersett, John C. G.	Pennsylvania.	Typhoid Fever.
Harper, Seborn A.	Mississippi.	Dysentery.
Harvey, Leon F.	New York.	Physical Exploration.
Hawthorn, Samuel W.	Virginia.	Abortion.
Henderson, Nat.	North Carolina.	Heterologous Formations.
Herrington, C. P.	Pennsylvania.	Cholera Infantum.
Hickman, Joseph T.	Virginia.	Simple Conjunctivitis.
Higgins, William F.	North Carolina.	Veratrum Viride.
Hillman, John A.	Virginia.	Pneumonia.
Hines, Harvey L.	North Carolina.	Surgery.
Hines, William H.	Georgia.	Phthisis Pulmonalis.
Hite, Benjamin H.	Virginia.	Syphilis.
Hoard, Robert L.	Virginia.	Typhoid or Enteric Fever.
Hoffman, Robert H.	Virginia.	Digestion.
Holloway, Thomas P. (M. D.)	Kentucky.	Puerperal Fever.
Hopkins, James A.	North Carolina.	Veratrum Viride.
Hudgens, Thomas A.	South Carolina.	Menstruation.
Hudson, Gilbert L.	Georgia.	Mania a Potu.
Hull, John A.	Virginia.	Physiology of Digestion.
Hulse, John I. (M. D.)	Florida.	Yellow Fever.
Hunter, Horatio D.	Pennsylvania.	Intermittent Fever.
Jackson, John W.	North Carolina.	Bilious Remittent Fever.
Jackson, L. D.	Delaware.	Hæmoptysis.
Jackson, Thomas L.	Virginia.	Heterologous Formations.
Johnston, Thomas W.	North Carolina.	Pneumonia.
Jolly, M. A.	Alabama.	Honorable Medicine.
Jordan, Reuben Elm	Alabama.	Puerperal Uterine Hemorrhage.
Karsner, Charles	Pennsylvania.	Importance of a Medical Education.
Keith, N. C.	Virginia.	Cholera Infantum.
Kelly, John B.	Alabama.	The Liver.
Kimbrough, Locket M.	Georgia.	Enteromæsenteric Fever.
King, George M.	Virginia.	The Pelvis.
Kirkwood, H.	Nova Scotia.	Dyspepsia.
Knorr, Matthias	Pennsylvania.	Inguinal Hernia.

NAME.	STATE OR COUNTRY.	SUBJECT OF THESIS.
Kuder, Joseph S.	Pennsylvania.	Prolapsus Uteri.
Lachenour, Henry D.	Pennsylvania.	Vaccination.
Leary, William B.	Virginia.	Mania a Potu.
Lide, William R.	Alabama.	Gastric Dyspepsia.
Lindsay, James E.	North Carolina.	Emphysema Vesiculare.
Linthicum, Rufus, Jr.	Kentucky.	Pneumonia.
Logan, John H.	North Carolina.	Cancer of the Stomach.
Longnecker, Benjamin F.	Illinois.	Heterologous Formations.
Magruder, George W.	Virginia.	Light, a Vital Stimulus.
Main, Elijah W.	New Jersey.	Chronic Hepatitis.
Maney, Samuel B.	Texas.	Jaundice.
Marbourg, M.	Pennsylvania.	Rubeola.
Marlow, Nicholas P.	Alabama.	A View of the Medical Profession.
Marshall, Samuel D.	Delaware.	Intermarriage.
Matlack, William H.	Pennsylvania.	Rubeola.
Maurer, Jacob S.	Pennsylvania.	Dysentery.
McCondie, Wiley G.	Alabama.	Spermatorrhœa.
McCurdy, John M. (M. D.)	Ohio.	Pneumonia.
McEwen, Joseph W.	Pennsylvania.	Acute Rheumatism.
McFadyen, A. R.	North Carolina.	Dysentery.
McKinley, Charles A.	Georgia.	Gonorrhœa.
McLees, Joseph H.	South Carolina.	Hæmoptysis.
McMaster, James	Pennsylvania.	Scarlatina.
Mechling, John	Pennsylvania.	Diphtheritis.
Merritt, Daniel R., Jr.	Kentucky.	Cholera.
Miller, Thomas W.	Mississippi.	Remittent Fever.
Mitchell, William	Nova Scotia.	Erysipelas.
Mitchell, William G.	Kentucky.	Ovulation.
Monteith, William H.	Georgia.	Typhoid Fever.
Montfort, William J.	North Carolina.	Signs of Pregnancy.
Murfree, James B.	Tennessee.	Compound Fracture of the Thigh.
Murphy, Daniel	Pennsylvania.	Congestion.
Neal, Harrison	Pennsylvania.	Conservative Surgery.
Neel, James D.	South Carolina.	Cinchona.
Neff, Isaac P.	Pennsylvania.	Asphyxia.
Newcomer, David	Pennsylvania.	Podophyllum Peltatum.
Newell, Joseph B.	Georgia.	Fœtal Circulation.
Newell, William L.	New Jersey.	{ Necessity of Vigilance on the Part of the Physician.
Newton, Edwin D.	Georgia.	Phosphorus.
Nicholson, Malcolm J.	Georgia.	Chronic Dysentery.
Norris, J. W. Stump	Pennsylvania.	The Liver, its Structure and Functions.
Norwood, John	North Carolina.	Cystitis
Nunnelee, Virgil T.	Georgia.	Alcohol, its Uses and Abuses.
Pancoast, George L. A.	Virginia.	{ Resections in Compound Fractures and Dislocations.
Parke, A. H.	Tennessee.	Pertussis.
Parr, William P.	Indiana.	Influence of the Mind over the Body.
Peacock, John L. C.	Georgia.	Bilious Remittent Fever.
Perry, Turner Hunt	Alabama.	Acute Rheumatism.
Perry, Van Lear	Maryland.	Scarlatina.
Peyton, Edwin O.	Virginia.	Digestion.
Plimpton, Albert F.	Maine.	Delirium Tremens.
Potteiger, Jonathan B.	Pennsylvania.	Tonics.
Powell, William J.	Maryland.	Nicaragua.
Prentiss, John Hart	Maine.	Spermatorrhœa.
Prowitt, J. B.	Texas.	Pleuritis.
Purifoy, John H.	Alabama.	Aneurism.
Quinn, John P.	Dist. of Columbia.	Febris Intermittens.
Randolph, Lewis C.	Virginia.	Typhoid Fever.
Rea, Charles T. I.	Massachusetts.	Gonorrhœa.
Read, Clement H.	Virginia.	Inflammation.
Redd, John T.	Virginia.	Cholera Infantum.
Reddish, Thompson K.	Missouri.	Inflammation.
Reed, Thomas B.	Pennsylvania.	{ Fungi as a Cause of Fever, with a spe- cial notice of the Uredo Rubigo.
Richardson, David R.	Georgia.	Sterility.
Rigg, W. Cochrane	Kentucky.	Uterine Hemorrhage.
Roberts, Rufus A.	North Carolina.	Vis Medicatrix Naturæ.
Robertson, J. Royall	Virginia.	Hygiene.
Rodes, William R.	Missouri.	Physical Diagnosis.
Rogers, W. F.	Alabama.	Spermatorrhœa.
Rowe, Thomas	Virginia.	Anæsthesia.

NAME.	STATE OR COUNTRY.	SUBJECT OF THESIS.
Scott, Jesse F.	Kentucky.	Scarlatina.
Scott, Robert W.	Tennessee.	Fever.
Scruggs, Richard F.	Tennessee.	Inflammation.
Seip, William H.	Pennsylvania.	Enterio-mesenteric Fever.
Shands, Thomas E.	Virginia.	Physiology of Digestion.
Sharp, William T.	Ohio.	Intermittent Fever.
Sheppard, James L.	North Carolina.	Pulvis Doveri.
Slaughter, Thomas G.	Alabama.	The Uterus.
Smith, A. Harvey	Canada West.	Water.
Smith, James	Pennsylvania.	Dysentery.
Snow, George W.	Massachusetts.	Primary Syphilis.
Somers, Job Braddock	New Jersey.	Atmospheric Air.
Spencer, R. M.	Virginia.	Dyspepsia.
Spicer, John Daniel	North Carolina.	{ Pregnancy, its Physiological and Pa- thological Phenomena.
Sprague, Albert G., Jr.	Rhode Island.	
Stallings, C. H.	North Carolina.	Constitutional Syphilis.
Steele, A. J.	New York.	Typhoid Fever.
Stevenson, Joseph M.	Pennsylvania.	Fatty Degeneration of the Heart.
Stewart, David F.	Texas.	Encephaloid Cancer.
Stockdell, Hugh	Virginia.	Obstetrical Duties in Natural Labor.
Sudler, Arthur E., Jr.	Maryland.	Inflammation.
Swayze, George B. H.	Pennsylvania.	Malaria as a Cause of Disease.
Taylor, John H.	Maryland.	Digitalis Purpurea.
Taylor, William H.	Kentucky.	Malignant Remittent Fever.
Thomas, Alfred N.	Mississippi.	Inflammation.
Thrash, David E.	Alabama.	Heterologous Formations.
Tracy, George P.	Pennsylvania.	Enteric or Typhoid Fever.
Triplett, W. H.	Virginia.	Pneumonia.
Vanhook, James D.	Kentucky.	Colchicum.
Waddill, John M.	Virginia.	Acute Pneumonia.
Walker, Charles W.	Virginia.	Acute Pleurisy.
Walker, George S.	Virginia.	Oxygen.
Walker, Walter	New York.	Dysentery.
Walker, Z. J.	Virginia.	Cataract.
Walter, Barnet C.	Pennsylvania.	Pleuritis.
Ward, Richard William	North Carolina.	Variola.
Warren, A. L.	Alabama.	Auscultation and Percussion.
Waugh, James R.	North Carolina.	Catarrhal Fever.
Welborn, William Pinckney	Indiana.	Dysentery.
Wells, Thomas	South Carolina.	Milk Sickness.
West, Thomas S.	Mississippi.	Gonorrhoea.
Whitehead, Peter F.	Kentucky.	Poisons.
White, James A.	Tennessee.	Cyanosis Neonatorum.
White, Thomas C.	Mississippi.	Digestion.
Whitner, Hiram K.	Pennsylvania.	Albuminuria.
Williams, John F.	Mississippi.	Noncontagiousness of Typhoid Fever.
Williamson, John H.	North Carolina.	Chemical Affinity.
Williamson, Lea Z.	Mississippi.	Veratrum Viride.
Wilson, Adolphus J.	Alabama.	True Aneurism.
Wilson, John B.	Maine.	Bilious Remittent Fever.
Wilson, L. James	Mississippi.	Matter and Mind.
Winne, Charles K.	New York.	Pneumonia.
Wisely, Leonard A.	Missouri.	Control of Hemorrhage.
Wood, George J.	Ohio.	Intermittent Fever.
Young, Elisha	Alabama.	Cardiac Inflammation.
Young, Matthew H.	Kentucky.	Traumatic Tetanus.
Young, S. F.	Mississippi.	The Blood.
Young, Thomas R.	Kentucky.	Gunshot Wounds.
		Intermittent Fever.

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